

REPORT OF NEW EMPLOYEE(S)

See detailed instructions on page 2. Please type or print.
NOTE: Report new employees within 20 days of start-of-work date.



00340600



DATE M M D D Y Y	CA EMPLOYER ACCOUNT NO. L	BRANCH CODE L	FEDERAL ID NO. L
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BUSINESS NAME	CONTACT PERSON	TELEPHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

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SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S)

WHO MUST BE REPORTED:

Federal law requires all employers to report all newly hired or rehired workers to EDD within 20 days of their start-of-work date. State and county agencies use this information to assist them in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a W-4 form to the employer.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- California Employer Account Number
on each form completed
- Branch Code - Complete only if employer was assigned a Branch Code number
- Federal Employer Identification Number
- Business name and address
- Contact person and telephone number

Employee's

- First name, middle initial, and last name
- Social Security Number
- Home address
- Start-of-work date (hire date)

HOW TO COMPLETE THIS FORM:

Please complete the following information in the spaces provided. If you type the information, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes.

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	
IMOGENE	A	SAMPLE	
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/APT
123456789	1234	ANY STREET	312

If you **must hand write this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	
I M O G E N E	A	S A M P L E	
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/APT
1 2 3 4 5 6 7 8 9	1 2 3 4	A N Y S T R E E T	3 1 2

ADDITIONAL INFORMATION:

For additional DE 34 forms, visit our Internet site at <http://www.edd.ca.gov/Forms/default.asp> or call (888) 745-3886.

If you have any questions concerning this reporting requirement, you may visit your local Employment Tax Office listed in the *California Employer's Guide* (DE 44) and our Web site at http://www.edd.ca.gov/Payroll_Taxes/Reporting_Requirements.htm. You may also call us at (916) 657-0529.

HOW TO REPORT:

Please complete the information in the spaces provided and mail it to the following address or fax to (916) 319-4400.

EMPLOYMENT DEVELOPMENT DEPARTMENT
Document Management Group, MIC 96
P.O. Box 997016
West Sacramento, CA 95799-7016



You may also report your DE 34 information online using our Internet NER program at <https://eddservices.edd.ca.gov>. To obtain information for submitting DE 34 reports on magnetic media, access EDD's Web site at http://www.edd.ca.gov/pdf_pub_ctr/de340.pdf or call (916) 651-6945.